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HDP/SB/21 based on PTO/SB/21 (08-00)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/577,158
	Filing Date	April 10, 2007
	Inventor(s)	Rached KSONTINI, et al.
	Group Art Unit	2431
	Examiner Name	Michael R. Vaughan
	Attorney Docket Number	90500-000082/US

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>1) Request for Continued Examination ("RCE")</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<b>2) Request for Interview</b>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

**MAIL STOP RCE**

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano	Reg. No. 35,094
Signature			
Date	March 2, 2011		

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# FEE TRANSMITTAL for FY 2009

Effective 2/8/2006. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810

Complete if Known

Application Number	10/577,158
Filing Date	April 10, 2007
First Named Inventor	Rached KSONTINI, et al
Examiner Name	Michael R. Vaughan
Art Unit	2431

Attorney Docket No. 90500-000082/US



## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

## The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1011 330	2011 165	Utility filing fee	
1012 220	2012 110	Design filing fee	
1013 220	2013 110	Plant filing fee	
1014 330	2014 165	Reissue filing fee	
1005 220	2005 110	Provisional filing fee	
SUBTOTAL (1)			(\$ 0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	18	-20 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	2	-3 **	=	0	X		=	0	
Multiple Dependent							=	0	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 52	2202 26	Claims in excess of 20
1201 220	2201 110	Independent claims in excess of 3
1203 390	2203 195	Multiple dependent claim, if not paid
1204 220	2204 110	** Reissue independent claims over original patent
1205 52	2205 26	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 130	2251 65	Extension for reply within first month	
1252 490	2252 245	Extension for reply within second month	
1253 1,110	2253 555	Extension for reply within third month	
1254 1,730	2254 865	Extension for reply within fourth month	
1255 2,350	2255 1,175	Extension for reply within fifth month	
1401 540	2401 270	Notice of Appeal	
1402 540	2402 270	Filing a brief in support of an appeal	
1403 1,080	2403 540	Request for oral hearing	
1452 540	2452 270	Petition to revive – unavoidable	
1453 1,620	2453 810	Petition to revive – unintentional	
1462 400	1462 400	Petition fee under 37 CFR 1.17(f)	
1463 200	1463 200	Petition fee under 37 CFR 1.17(g)	
1464 130	1464 130	Petition fee under 37 CFR 1.17(h)	
1807 50	1807 50	Processing fee under 37 CFR 1.17 (q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 810	2809 405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 810	2801 405	Request for Continued Examination (RCE)	810.00
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 810)
4. SEARCH/EXAMINATION FEES			
1111 540	2111 270	Utility Search Fee	
1112 100	2112 50	Design Search Fee	
1113 330	2113 165	Plant Search Fee	
1114 540	2114 270	Reissue Search Fee	
1311 220	2311 110	Utility Examination Fee	
1312 140	2312 70	Design Examination Fee	
1313 170	2313 85	Plant Examination Fee	
1314 650	2314 325	Reissue Examination Fee	
SUBTOTAL (4)			(\$ 0)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	John A. Castellano	Registration No. (Attorney/Agent)	35,094	Telephone	703-668-8000
Signature				Date	March 2, 2011

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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